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Boston Dispensary

MEDICAL RELIEF

TO

THE POOR.



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SEPTEMBER, 1877.



BOSTON:
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1877.

MEDICAL RELIEF TO THE POOR.

THE Boston Dispensary was founded in 1796, or eighty-one years ago. The annual subscription for membership was fixed at five dollars, thereby enabling the subscriber to introduce two patients at the same time for treatment. Applicants were to belong to the class called the "necessitous poor," and to that class alone. The system sufficed for many years, while the population was small, and the dependent poor comparatively few and well-known. In 1856, or sixty years later, when the population had increased many fold, and the ranks of the poor had been largely reinforced by foreign immigration, it was found that the benefits conferred by the institution bore no comparison to the increased expense.

The plan of admission by subscribers' tickets was given up; a Central Office was established, where physicians could be found during several hours of the day in addition to the services of the district physicians, who visited the sick at their own homes when they were too ill to attend at the Central Office. The Board of Managers have long known that large numbers who could not be included in the ranks of the "necessitous poor" have resorted to the Central Office, and have held great doubts as to the best remedy for the evil. The statistics of the last two years are so startling that there seems to be an urgent necessity for putting an end to the abuse of this ancient charity, in justice to the really poor patients as well as to the interests of the physicians who are thus deprived of an important source of income.

During the year ending October 1, 1876, the number of

patients treated by the Dispensary was 46,591; and during three-quarters of the year ending July 1, 1877, 35,535. The Massachusetts General Hospital reports the number of out-patients for the last year to be 17,292. The City Hospital reports for the same year 9,413, — making in all 73,296 for the year.

Adding to this list the numbers treated by other charitable associations, and the gratuitous aid afforded by physicians, who are never backward in acts of charity, it is safe to say that 100,000 persons, or more than one-fourth of the population of Boston, have received charitable aid in the form of medical attendance during the year. It is not credible that so large a number can be enrolled with the class of "necessitous poor." Although the abuses under the present system have been known and lamented for several years past, little has been done in this country by way of correction, and we are obliged to look to England for progress in this direction.

A friend and subscriber to the Dispensary for the last twenty-two years has collected a number of English documents on the subject of medical aid for the poor, and has caused various extracts to be printed for the use of the Board of Managers of the Boston Dispensary, thinking that they might throw more light on the subject treated than any dissertation of his own. The extracts given will afford some information in regard to "Provident Dispensaries," which have grown in favor in Great Britain, from the fact that the large free dispensaries have been found to be nurseries of pauperism, and sources of evil rather than good.

Boston, September 13, 1877.

[From a paper entitled "*Metropolitan Medical Relief.*"]

The radial lines of the Metropolitan Police District, drawn from twelve to fifteen miles round Charing Cross, include a population of upwards of four millions. Of these, upwards of one million, or one fourth, receive gratuitous medical treatment, and in the inner circle of London, where free dispensaries and out-patient departments of hospitals abound, the proportion so assisted is still larger. It may be said, without exaggeration, that in the interior of London, including its great eastern and southern quarters, nearly all below the middle class, and some even of them, are provided with medical attendance and medicines by private charity, with some assistance from the poor law. This is the central fact, from which many unfortunate results naturally flow.

The main object of securing proper medical treatment for the working-classes, who form the majority of our people, has not been, and never can be, attained in this way. A vast population is encouraged to throw itself for medical aid on a few central points. Hence overcrowded waiting-rooms; the exhaustion of the strength of the patients by delay; mutual infection among large numbers of persons brought into close contact in a susceptible state; the vitiation of the air of the hospitals themselves; and, more than all, the mockery of medical relief, owing to the impossibility of giving sufficient time to each case. This last result is so widely and painfully known, that I forbear to dwell upon it. The main characteristic of this system of medical relief is that our population is dealt with gregariously, instead of being broken into manageable groups, or, best of all, treated separately at their own homes.

The next result is a great misdirection and waste of charitable funds. Dr. Meadows, and five other medical men, experienced in the work of London hospitals, recorded their opinion, in 1870, that "the probable income of half the number of out-patients may be estimated at from £1 to

£1 10s. per week, and of one-fourth at more than this." In 1874 a thorough investigation was made into the social position of the out-patients of the Royal Free Hospital, and they were reported to be divisible into two sections: First, those who might reasonably be expected to pay something for their medical relief; and secondly, those who ought to be referred to the poor law. This abuse of medical charity is largely promoted by the practice of issuing subscribers' letters, which are too often distributed without proper inquiry, or given avowedly as a matter of personal favor; and many employers contribute to hospitals with the object of providing medical assistance for their servants and workmen at a cheap rate, so that men with two or three pounds a week expect to be furnished with "letters" to the neighboring institutions for themselves and their families, and are thus relieved from the necessity of joining benefit societies and provident dispensaries. This is the true explanation of the lamentable appeals constantly made to save our medical institutions from insolvency. No funds that could be subscribed would overtake the emergency, because the gratuitous medical treatment of the entire working-class, and of a considerable margin of the lower middle-class, is a greater burden than private charity can bear; and the pressure is continually on the increase, as additional numbers become habituated to dependence.

To hundreds of thousands this system of medical relief is the entrance-gate to those habits of dependence for which our London population is unhappily distinguished beyond the rest of their countrymen. Every one stands in need of medical assistance at some time or other, while in family life it is a matter of frequent recurrence, so that, by the general application of the eleemosynary principle to our London hospitals and dispensaries, they have been converted into schools of pauperism. Our people are educated by them to improvident and medicaid habits, being entirely relieved, as regards this requirement of civilized life, from all

necessity for forethought and thrift. Subscribers' letters are specially conducive to fraudulent mendicancy. Women collect them by begging from house to house, under pretence of wanting them for their own use; they beg at other houses on the evidence of the distress which the "letters" are supposed to afford; and, after all, they sell them, for they have a marketable value, which ought to go in aid of the expenses of the institutions. All the arts of deception flourish in connection with misapplied charity. Mr. W. H. Smith stated that 20 per cent. of cases selected by him for investigation, from among the out-patients at a large hospital, "had given false addresses, so that it was impossible to trace them."

The last evil result of this system to which I shall allude is that it deprives the medical profession of its just and necessary remuneration. Medical men are expected to do, at hospitals and dispensaries, an amount of unpaid work unknown in any other profession, although the majority of the persons gratuitously treated are perfectly able to pay a moderate charge. Both ways, therefore, medical practitioners suffer. A totally disproportionate share of the burden of public charity is thrown upon professional persons dependent for their subsistence upon the exercise of the skill derived from an expensive education; and, by the same arrangement, they are deprived of a large portion of the practice which would otherwise fall to them. The depression of this important profession reacts to the detriment of the public in many ways. Unpaid labor, or labor which is all but unpaid, is sure, in the long run, to be badly done. Compare the slipshod work of the out-patient departments, at the rate of a minute a patient, with the careful manner in which medical men see their patients at home, at the rate of five or six an hour at the outside. In poor and densely populated districts, where medical aid is most needed, the weakness of the eleemosynary system has been made apparent by the absence of an adequate supply of well-qualified

practitioners, and by a growing disinclination to accept appointments in free dispensaries. No expenditure is grudged to give our military officers a fair day's pay for a fair day's work; and the national interests are certainly not less concerned in maintaining the professors of the healing art in proper efficiency.

But this part of the subject has deeper roots than I have now time to trace; and those who wish to pursue it further would do well to read a paper from the "Medico-Chirurgical Review," entitled "The Limits of Unpaid Service." It will there be seen that this is not merely a question of professional remuneration, but also of social position, and of the spirit with which the exigencies of a life of duty among the suffering poor may be expected to be faced.

The first combined effort to remedy this state of things dates from March, 1870. At a meeting presided over by the late Sir William Fergusson, at which one hundred and fifty-six members of the medical profession were present, the following resolutions were passed:—

That this meeting is of opinion that there exists a great and increasing abuse of out-door relief at the various hospitals and dispensaries of the metropolis which urgently requires a remedy; and

That, in the opinion of this meeting, the evils inseparable from the system of gratuitous medical relief administered at the out-door department of hospitals and in free dispensaries can be in great measure met by the establishment, on a large scale, of provident dispensaries, not only in the metropolis, but throughout the kingdom, and by improved administration of poor-law medical relief.

A large committee was then appointed, which apportioned the subject among four strong sub-committees on "General Hospitals," "Special Hospitals," "Dispensaries," and "Poor-Law Medical Relief," of which Dr. Meadows, Dr. J. E. Pollock, Dr. Stewart, and Mr. Spencer Wells, were respectively chairmen. These sub-committees thoroughly sifted their several branches of the subject, and made reports, to which I shall frequently have occasion to allude.

The next move was made by a society, which, having for

its object the improvement of the permanent condition of the poor, soon came to the conclusion that one of the most powerful of the causes by which their condition had been depressed was this system of gratuitous indiscriminate medical relief, and that every other arrangement for their benefit must fail in producing its full effect while this evil remained unremedied. In March, 1871, the Council of the Charity Organization Society appointed a committee to act as their advisers in all that relates to medical relief. In the following October this committee made a report, pointing to "a large development of the provident principle" as the appropriate remedy for the abuses of the medical charities, and submitting model rules for the management of provident dispensaries, based upon the experience of those institutions; and in December a conference was held, presided over by Mr. W. H. Smith, and attended by Mr. Stansfeld, President of the Local Government Board, Lord Josceline Percy, Dr. Acland, Dr. Guy, Mr. T. Holmes, Dr. Meadows, Dr. Fairlie Clarke, the Rev. Harry Jones, Mr. Gurney Hoare, and many others, at which the resolutions come to in the preceding year by the professional committee were discussed in the enlarged point of view of the Charity Organization Society, and reaffirmed.

In April, 1875, the following memorial was presented to the President and Committee of the British Medical Association, with the names of 303 members of the profession, of whom 195 were from London, and 108 from the country. Of the metropolitan practitioners, 92 were connected with hospitals, and 103 were general practitioners, many of whom held dispensary appointments. Among the former were Sir William Fergusson, Sir William Jenner, Sir William Gull, Sir Rutherford Alcock, Mr. Prescott Hewett, Mr. Erichsen, and other leading men in the profession:—

*To the President and Committee of Council of the British Medical Association:—*We, the undersigned, members of the British Medical Association, and others, beg most respectfully to request the Committee

of Council to take into its consideration the relation of the medical profession to the hospitals and free dispensaries throughout the kingdom. Your memorialists are convinced that the manner in which these institutions (with some few exceptions) are at present conducted inflict a serious injury upon many most deserving members of our profession; while the indiscriminate (or almost indiscriminate) bestowal of gratuitous medical relief upon all applicants lowers the whole scale of our professional remuneration, it is far from being a real boon to the working-classes themselves, and cannot fail, in the long run, to have a prejudicial influence upon the nation at large. The question to which we venture to draw the attention of the Committee of Council has been much discussed of late years, both in the medical press and in the lay periodicals. It is not necessary, therefore, that we should enter into any details respecting it. We may, however, mention that there are three facts which have a very important bearing upon it, and which make the present time particularly opportune for entertaining it. These are: 1. The improvement which is now rapidly taking place in the social and political condition of the industrial classes. 2. The amendments which have lately been made in the administration of parochial medical relief; and, 3. The increase, within the last few years, in the length and expense of medical education. These facts are admitted by all; and their concurrence has led, we believe, to a very general opinion among those who are conversant with the working of the free dispensaries and hospitals that some changes are necessary, in order to bring these institutions into harmony with the altered conditions of the present day. As it is desirable that any changes which may be necessary should be duly weighed by a body which fairly represents the medical profession, and should be recommended by high authority, so as to carry along with them the assent of the lay governors of the "medical charities," your memorialists pray you to take this important subject into your consideration.

A decided expression of opinion from a body so largely representing the profession as the British Medical Association would have great influence; but the matter has got beyond the stage of inquiry and report, and, as the ablest medical men have least leisure, and lay managers are sensitive about interference with their rights, I cannot advise any proceedings which would provoke the extreme advocates on both sides to further controversy and delay. The governing bodies of the different institutions, lay and professional,

have been sufficiently informed by the discussion which has been going on all round the field since 1870, and I had rather trust to the unimpeded action of their sense of responsibility than to any external official pressure. The subscribers to the charities, who hold the purse-strings, have also, to some extent, become sensible of their responsibility. We are now in the seventh year since Sir William Fergusson's committee, and the public interest in the question has never flagged during this long interval. Public opinion is far in advance of the point from which we commenced, and solid material progress has been made, although it has been of a varied and desultory kind. Evidently the time has arrived for reviewing our position, and making a fresh departure upon a well-understood plan.

The out-patient department of St. George's Hospital has been placed upon a footing which allows of three provident dispensaries being successfully carried on in its immediate neighborhood, besides a fourth which is in course of formation at Brompton. In the words of their report for 1875, "In 1868 the whole of the out-patient department was made free, and this has enabled the executive to exercise much more control over the admission of applicants than when they brought governor's letters, when it was difficult, under such circumstances, to refuse any." On each of the four ordinary out-patient days, forty new cases — twenty medical and twenty surgical — are admitted by the Resident Medical Officer, after which their names, addresses, occupations, and any other information that may be required as to their social position, are given; and the secretary freely avails himself of the assistance of the Charity Organization Society, should there be any doubt as to their being suitable objects of charity. The cases admitted are, therefore, limited to the number which can be effectually dealt with; and they are selected with due reference both to the nature of the professional aid intended to be given at hospitals, and to the

means of the applicants, care being taken that no really urgent case is rejected. Students assist at the out-patient work, which is considered a valuable part of the hospital teaching. The number of out-patients in 1876 was as follows:—

Ordinary out-patients	7,398
Eye patients	790
Aural	294
Orthopædic	346
From in-patients	171
Dental	1,448
Casualties	4,216
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	14,663

The two last are exempted from the rule which requires information to be given as to name, occupation, etc. Arrangements have been made on the same principle at King's College Hospital, by the appointment of a Registrar to classify the out-patients and refer doubtful cases to the Charity Organization Society, and although the number admitted has not been subjected to any fixed limit, it has diminished, under the influence of this revision, from 33,866 cases in 1873, to 21,347 in 1876. In the words of the last report, "the whole of these alterations have been carried into effect, to the manifest increase of the comfort of the patients, and the good order of the department." At the general hospitals in the East and South of London, a different principle is apparent from the numbers admitted, which were, according to the last published reports:—

St. Bartholomew's Hospital	137,318
London	40,717
Metropolitan Free	39,968
Guy's	75,804
St. Thomas'	61,824
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	355,631

the in-patients at the same hospitals in the same year (1875) having been only 21,370. No provident dispensary is possible in the districts under the influence of these institutions.

The Special Hospitals have, to a great extent, acted upon the recommendation of Sir Wm. Fergusson's sub-committee, "that all patients who can afford it should contribute to the support of the hospital. The sub-committee think that if this plan were carried out, advantage would accrue to the general practitioners, for the attendance of out-patients at hospitals being lessened, such patients would find their way to the various medical men in their neighborhood." While these hospitals are entirely free to the necessitous poor, a large proportion of them receive, in some form or other, payments from patients who, although they cannot afford the usual professional fees, are above the necessity of purely gratuitous aid. In this way only could such a large amount of truly charitable work have been done, both for those who could, and those who could not, pay something, and that without injury to the independence and self-respect of the patients. The District Committees of the Charity Organization Society give all the assistance in their power to Special, as well as to General, Hospitals; but, that difficulties may not arise from the investigation being carried further than is necessary in hospital cases, the inquiries are limited to — 1st, The amount of the applicant's income; 2d, The number and ages of the family dependent on the applicant; and, 3d, Whether the applicant is in receipt of poor-law relief.

The pressure upon the out-patient department of the Ormond Street Children's Hospital, and the certainty that a large proportion of the applicants were not suitable objects of gratuitous relief, induced the managing committee to arrange with our society that they should not be admitted to a second visit until their letters had been stamped by the organization committee of their district. Upon this it soon

became apparent that more than half belonged to the large intermediate class between those who can pay the usual professional fees and the necessitous poor; and that, although willing to make a moderate payment according to their means, they did not like to be treated as objects of charity, or to incur the inconvenience and waste of time caused by inquiries into their circumstances. The scheme finally proposed by our medical committee is, that those who are willing to make a small payment should be admitted at once, but that those who claim gratuitous relief should have their means investigated before they are seen a second time. In other words, that an alternative should be offered — *payment or inquiry*. So numerous are the claims upon the charity of the public in the present day, that institutions which have made arrangements for giving only to those who are really in need certainly ought to be preferred to those which give without discrimination.

We now come to Provident Dispensaries, the increase of which, in due proportion to the population, is the key to the solution of the complex problem before us. The first conclusion arrived at by Sir William Fergusson's sub-committee was : —

That a very large proportion of the out-patients of general hospitals (variously estimated at from *three-fifths to nine-tenths* of the whole) consists of *trivial cases* which do not require any special skill, and might be properly left in the hands of ordinary medical men. An inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tend to erroneous and ineffective treatment. In fact, out-patient work, as generally conducted, neither conduces to the sound advancement of professional knowledge, nor to the advantage either of the students or the public. And, bearing in mind that the staff consists exclusively of consultees, and that clinical teaching is one of the most important advantages derived by the public and the profession from the institution of public hospitals, the sub-committee are of opinion that some special claim ought to be made out for perfectly gratuitous hospital advice, such as sudden emergency, surgical requirements, long-

continued ineffective treatment, peculiar, obscure, and complicated disease, unforeseen and unavoidable distress, or some other special cause, making it desirable that the attention of a consultee should be given to the case. . . . As the hospital staff consists of consultees, not general practitioners, it is only consistent that their services should be asked for chiefly in cases of peculiar difficulty, prolonged anxiety, deep professional interest, etc., and it is altogether unreasonable to call upon them to treat case after case for many hours together, without, it may be, the occurrence of any single point of interest. . . . The sub-committee therefore believe that the foundation of a series of provident dispensaries is a necessary condition of any improvement in the out-patient department of our public hospitals. The law has, in their opinion, amply provided for the careless and improvident, and the funds contributed by the benevolent should be given in preference to the assistance of those who are inclined to help themselves.

The real question, therefore, is, how to provide for the ordinary medical treatment of the lower middle and working-class. The hospitals will always be open to serious and difficult cases, but these bear a small proportion to the everyday class of trivial ailments (including those of women and children) which must be properly attended to if our population is to be maintained at a high average of health. The first condition of success is that the payments should be suited to the circumstances of the patients. The slender resources of a working-man are soon broken down by "doctors' bills," but there are few who cannot afford a small continuous payment made from month to month on the principle of mutual assurance. For this each family obtains, not as an act of charity, but by right, medical attendance and medicines at their district dispensary, or, if need be, at their own home; and they also have the privilege of selecting their own medical attendant from among the officers of the dispensary. Not the least advantage of this system is that the homes of the people are brought by it into just prominence. Much has been said of late years about the salutary influence of a trained nurse upon a working-class ménage. The practised eye of a well-instructed medical officer from

the district provident dispensary, in the numerous cases better treated at home than in any institution, would not be less efficacious, and would much promote the object we all have at heart, of providing improved dwellings for the working-class. The advantage to medical men is that there are no bad debts, and no small bills to collect, all the payments being made in advance, not to the doctor directly, but to the secretary ; and that all the patients who are well enough are seen at the dispensary where the medicines are provided. If the mass of our people are to obtain willing service from highly educated men, the conditions must be adjusted to the feelings and habits of the practitioners, as well as to those of the patients.

Provident dispensaries are impossible in the interior of London in the face of unlimited gratuitous relief at the out-patient departments of hospitals and at free dispensaries ; but it will be seen, from the statement prepared by Dr. Ford Anderson, that they have made considerable progress in the suburbs, where such competition is felt in a minor degree. Of the twenty-seven provident dispensaries now existing within the Metropolitan Police District, fifteen have been established, or converted from being free dispensaries, since Sir William Fergusson's committee.

It is agreed on all hands that the ordinary medical treatment of the destitute should be left to the poor-law authorities. This has of late years been greatly improved in the Metropolitan District. In-door medical relief is now based upon a system of separate infirmaries, which are really well-appointed hospitals, under suitable regulations, having each its staff of infirmary officers and trained nurses. When the bread-winner, or any member of his family, becomes disabled by sickness, the quickest way of being restored to health and the power of self-support is to go into the infirmary for the necessary time. Out-door medical relief, although curtailed of some of its abuses, is still given on the same

liberal terms as before, including not only medical advice and medicine, but also a liberal diet for the support or restoration of the health of the patient; and it has been reinforced by the establishment of fifty-seven poor-law dispensaries, at which patients and medical officers meet to give and receive the benefits provided. This action of the poor-law authorities has greatly facilitated the reform of the entire system of medical relief; for, as the upper and middle classes take care of themselves, while the lowest class is now satisfactorily cared for by the poor-law, the question has been narrowed to the working-class, who can all contribute something towards a common purse for their medical treatment.

All who desired the reform of this vast system of medical relief looked forward with hope to the Hospital Sunday Council. The funds already available for medical relief were more than sufficient if they were properly applied and properly reinforced by payments from patients well able to pay; and in this central representative body, armed with the power of the purse, an authority was recognized capable of restoring the financial equilibrium by suitable administrative arrangements. These hopes have not been realized. The grants made by the Council are based upon the average expenditure of each institution for the last three years after making certain deductions, with this important reserve, that the merits and needs of each institution are to be fully inquired into, and the award is to be determined according to the judgment of the Distribution Committee upon them; but this great influence has not been used to induce the institutions to act in concert upon a well-arranged plan, without which there can be no general improvement in the system of medical relief.

On two points the action of the Council has been distinctly retrogressive. One of Sir William Fergusson's sub-committees reported that "the system of admission by governors' and subscribers' letters is radically wrong as

regards out-patients, and ought to be abolished. This practice is one of the chief sources of hospital abuse." And another remarked: "There is often a difficulty in the poor procuring a letter of recommendation; and, besides, when obtained, it is generally after many hours spent in walking, which may materially increase their malady, and hinder that very recovery they are striving to secure." A great extension was given to this practice by the distribution of letters by the Council in proportion to the amounts collected by them, which has been only partially corrected by limiting the letters to half the number claimable by annual subscribers.

The first Distribution Committee reported, that "a large number of the inhabitants of this great metropolis apply annually for gratuitous medical relief, and it is scarcely possible to refrain from expressing the hope that the time is not far distant when very many of these applicants may be induced to associate together to secure for themselves efficient medical relief in time of need, as a matter of right, rather than to be so constantly dependent upon purely charitable assistance. The great step in this direction would appear to be to make a large number of our local dispensaries self-supporting to a great extent, if not entirely 'provident dispensaries.'" The disappointment, therefore, was great when the list appeared with full grants to the free dispensaries, while the provident dispensaries were stinted to a proportion based upon that part of their income which is contributed by honorary subscribers. This was the unkindest cut of all, because it seemed to be directly aimed at the provident principle. The object of provident dispensaries is to encourage habits of forethought and independence, by inducing our people to rely for medical treatment rather upon their own thrift than upon the charity of others, whereas, instead of helping those who help themselves, the grants of the Hospital Sunday Council varied in the opposite ratio, growing larger as the eleemosynary principle was

developed, and smaller as self-support was exhibited, until they vanished altogether. The remonstrances made against this decision were so far successful that, according to a revised rule "payments made by, or on behalf of, patients, are left to the discretion of the Distribution Committee, to be dealt with in each case as they may see fit." And the footing on which the matter now stands is, that while grants in aid of institutions on the eleemosynary principle can be claimed as a right, they can be hoped for only on sufferance, and by favor, when the object is to help those who help themselves. The provident dispensaries also seriously suffer in this way. An annual sermon used to be preached on their behalf in the churches of their respective districts, which not only produced more than they get from the Hospital Sunday Fund, but brought the wants of the local institutions periodically before the inhabitants of the neighborhood. In the absence of this, there is an increasing difficulty in obtaining fresh subscribers in place of those who die or leave the district, and many refuse on the ground that they give to the Hospital Sunday Fund.

Those only who have seen what must be endured on outpatient days at general hospitals, notwithstanding every effort to reduce the suffering crowd to order, can appreciate the blessing of the prompt treatment obtainable through the medium of provident dispensaries, on any day and at any hour, either at the dispensary itself or at the homes of the patients, according to the nature of the case. On the other hand, the hospitals themselves, being relieved from the pressure of trivial dispensary cases, would more fully perform their true function of bringing the highest skill and the largest experience to bear upon serious and difficult surgical and medical cases. One of the incidental advantages of the provident dispensary system is that, being based upon payments made from month to month, without any balances accruing to the credit of members, as in savings-banks and

benefit societies, members changing their residence can enrol themselves wherever they happen to be without any special arrangement being made for the transfer.

After so many years of searching investigation and discussion following upon Sir William Fergusson's strong professional committee, sufficient common ground may surely be found to serve as the basis of future action. The specific practical proposals I am going to submit will, I hope, be accepted, not as my private opinions, but as the conclusions which must be drawn from the ample experience which has been acquired.

1. Out-patient letters should be abolished, and admission to the out-patient departments of hospitals should be confined to those cases which, on account of their urgency, difficulty, or other peculiarity, require hospital treatment, while ordinary trivial cases should be referred to provident, or, if the applicants are paupers, poor-law dispensaries. When patients suitable for hospital treatment appear to be unsuitable as objects of charity, they should pay at prescribed rates, or have their circumstances inquired into.

2. The existing free dispensaries should be converted into provident dispensaries, and new provident dispensaries should be established in proportion to the wants of the population. For this purpose the upper and middle classes should come to the aid of the working-class until the dispensaries become entirely self-supporting; and some portion of the abundant resources derivable from obsolete metropolitan charitable endowments might with advantage be applied to providing the requisite buildings; but, from the first, not less than half the managing committee of each dispensary should be elected by the members, the remainder being appointed by the honorary subscribers.

3. For the double purpose of securing the prompt admission of cases requiring the special resources of a hospital, and of increasing the supply of instructive cases for medical

education, the medical officers of provident and poor-law dispensaries should be authorized to recommend for treatment in the neighboring hospitals such cases as, from their peculiar or difficult character, or from their requiring prolonged clinical treatment, can best be dealt with in a hospital.

Beyond these I am not aware of any indispensable conditions of the reform of the present system of metropolitan medical relief. The managing committees, and the subscribers who supply them with the necessary funds, best know how to adapt these general principles to the individual circumstances of each institution.

By drawing closer the connection between hospitals and dispensaries two desiderata of the present state of the medical profession would be supplied. Regular means of instruction would be provided in the domiciliary treatment of disease, including the every-day class of domestic complaints which form so large a part of the business of the medical practitioner; and the difficulty of surmounting with safety and credit the critical interval between the completion of professional education and the establishment of a satisfactory practice would be diminished. When students have finished their course at the hospitals, they could not have a more suitable field for acquiring varied experience and laying the foundation of a professional reputation, earning meanwhile an income, which, although moderate, would suffice for their support, than by obtaining an appointment at a provident dispensary, and engaging actively in visiting patients at their own homes, as well as attending them at the dispensary.

The evils with which we are familiar here have also appeared at Manchester, Liverpool, Glasgow, and other centres of population; but, in dealing with them, these provincial cities have two advantages over us. Although their population is large, and their medical institutions are

numerous, compared with any other place except London, yet each is pervaded by a corporate spirit, and forms a real autonomy, so as to be perfectly manageable on a question of this sort affecting the general municipal interest; whereas London is not so much a city as a province of houses, which can only with the utmost difficulty be influenced from a single centre; and, secondly, these northern communities are more strongly constituted than the corresponding stratum of London society, being chiefly composed of large bodies of well-paid workmen who have not been corrupted by a vast indiscriminate system of public and private charity. The provident dispensary system first took root in these northern parts, and to them we still look for an example in all that concerns thrift and independence.

Last year the members of the Northampton Provident Dispensary entitled to attendance were 17,849 — more than one-third of the population of the town. The payments made by them amounted to £2,218; the attendances on patients at the dispensary were 5,903; at the medical officers' houses, 15,062; and the visits paid to patients at their own houses, 29,804. The payments to the three medical officers for the year were £1,696. At the Derby Provident Dispensary there were 5,696 members, who paid £997, and voted £497 to the medical officers. But of late years Manchester has taken the lead. In July, 1873, Sir Rutherford Alcock and Dr. Ford Anderson were deputed by the Charity Organization Society to attend a meeting of the subscribers to the hospitals and dispensaries at Manchester, at which it was resolved, "That, as there is a large class of working-men above the condition of pauperism who, while unable to pay the ordinary medical fees, are yet well able to make small periodical payments for medicine and medical attendance, it is desirable to establish provident dispensaries, by which these cases may be provided for." Manchester and Salford were then divided into districts, with a view to a

provident dispensary being placed in each, to be managed by its own committee, consisting of ordinary members, honorary members, and medical men. Up to the present time seven such dispensaries have been established, with 13,759 members, who subscribed last year £2,881, and paid £1,492 to their medical men. Lists of applicants to the hospitals and free dispensaries are daily sent to the Provident Dispensary Society, by whose inspectors they are visited at their homes; and those who are able to pay the small subscriptions required under the provident system have their cards stamped in such a manner as to preclude them from receiving gratuitous relief a second time, and are referred to the provident dispensary of their district.

Extract from the Eleventh Annual Report of the Royal Albert Hospital, Devonport, 1873-4.

The provident dispensary is still worked in a very satisfactory manner. The annual subscriptions are increasing, and the fines for non-payment of subscriptions are diminishing. The Keyham employes are supporters of the provident dispensary, in addition to their other contributions to the hospital.

The special account of the provident dispensary shows that in the year ending September 30, 1874, £509 19s. 19d. was received from members, whilst £86 13s. 10d. was received from other sources; £256 14s. was paid during the same year to medical officers.

From the "British and Foreign Medico-Chirurgical Review," January, 1875.

The reports of the several medical charities — free hospitals and dispensaries — show how enormous is the number of persons who annually seek advice and medicine from

these institutions. Several writers have computed what is the total number of individuals who annually apply to the medical charities of the metropolis, and they tell us that it is over a million. We have ourselves gone carefully through the figures for the year 1873, and we make the total 1,288,085. This is altogether exclusive of the Poor-Law and of a great number of private and semi-private institutions which publish no reports. Beyond the medical charity which can be estimated in figures there is a large amount which cannot be tabulated. We may therefore rest assured that the total at which we arrive by adding together the figures given in various published reports is not an exaggerated one; but that, on the contrary, it represents only a proportion—a very large proportion, no doubt, but still only a proportion—of the whole charity of the metropolis. And what is true of London is true also, though in a less degree, of the provincial towns and of the country at large. We may therefore safely conclude that a very large percentage of the community rely upon medical charity in time of sickness. In the metropolis this proportion amounts to something like a quarter.

This, then, is the first fact to which we call attention,—the enormous number of persons who expect to receive their medical attendance and medicine at the expense of their neighbors, as a matter of charity. It needs no argument of ours to prove that this is a very undue number. In exceptional circumstances—for example, when famine devastates a country—a great part of the population may have to rely upon charity in one shape or another for the necessities of life. But if such a state of things became chronic, we should think that it augured very ill for the prosperity of the people. Soup-kitchens are excellent institutions on an emergency, but it would not be beneficial to have them always in operation for the supply of all comers. And the principle is the same with regard to medical charity.

Sickness is not one of the necessities of life, and yet it may truly be said to be one of its necessary accidents. It is a contingent event, but a contingent event which, speaking generally, is certain to come sooner or later. Is it wise, then, to rest contented with a state of things which permits so large a proportion of the population to rely upon the charitable help they can obtain from others in a matter which is, sooner or later, a practical certainty, almost as much a certainty as that another meal will be needed or another suit of clothes? It seems to us that no thoughtful person can acquiesce in a state of things which, under the name of charity, is in truth pauperizing a large section of the community, and inducing them to depend, not upon their own prudence and forethought, but upon the aid they can derive from others.

The establishment of facts such as those referred to shows both the extent — the unreasonable extent — of this medical charity, and also the deteriorating effect that it has on the population. Those facts indicate the evils of which we have lately heard so much, and which afford a just ground for urging that the medical arrangements for the lower middle class should be in a great measure altered.

Now, how do these facts affect the medical profession? They affect us at many points. It is impossible that a large section of the community should get into the habit of expecting to receive gratuitous advice without our profession being touched by it in many ways. We shall mention what appear to us to be some of the most important.

Perhaps we ought at the outset to allude to that which affects, not ourselves only, but the whole community, and to state, first of all, that gratuitous work is often very indifferently done. No one will deny this who is familiar with the way in which patients are seen at crowded hospitals and dispensaries. If no more time is expended upon private patients than is proper and becoming, then what shall we

say of the manner in which hospital patients are seen? The busiest men cannot see their private patients at home at the rate of ten an hour. But hospital patients are frequently seen at the rate of fifty an hour. It is true that private practice demands some little amenities which are not required in public practice. But still, after making all due allowance of this kind, we hold that one great evil of the present system is that patients do not receive the time and attention which their cases demand. In other words, they do not receive what the hospital professes to give them. The patients do not get the careful advice which they fancy they will gain by resorting to a large institution, and this last does not carry out the object for which its founders or governors have given their money. Such slipshod work as much of that which is performed in the out-patient department of hospitals is a fraud both on poor and rich.

But how comes it that this work is so indifferently performed? In some cases there can be no doubt that it is on account of the vast number of applicants. The physicians and surgeons are overwhelmed. A long day would not suffice to see the patients properly at the rate of twenty an hour, and so means are devised of seeing them at the rate of fifty an hour. Who can blame the medical man? He gives up two or three whole afternoons every week to this unpaid service. It would be unreasonable to expect him to give more. He must have time to earn his bread, and it is not wonderful that he should so hasten through his hospital work as to secure time for more remunerative labor.

This leads us to another point, — a point which is of more general application, and which touches all who are engaged in practice, whether their *clientèle*, be so large as to be overwhelming or not. It is this: unpaid labor, or labor which is all but unpaid, is sure in the long run to be badly done. In the ordinary affairs of life we all recognize and act upon this principle. It has become almost a proverb that unpaid ser-

vice is worth just what it costs. Nothing can be got for nothing. But in our medical arrangements we proceed upon an opposite principle. We expect the doctors to be always ready to give their best advice, we expect that all who come and ask for it shall receive a valuable commodity, and all this is demanded from medical men, not occasionally, but constantly. Regularly, day by day, twice a week, or three times a week, as the case may be, from year's end to year's end, the physician or surgeon is expected to be at his post, bestowing his services upon all comers. Is it wonderful if this regular and constant gratuitous service, extending, it may be, over a quarter of a century, — is it wonderful if it sometimes degenerates into a mere routine? Is it wonderful if it is occasionally badly done? Is it wonderful if it falls under the general law that unpaid service is worth just what it costs?

Intimately connected with the preceding objections to our present system of out-patient medical relief is another. Not only is the number of applicants out of all reasonable proportion to the population, and not only is an excessive burden of unpaid labor thrown upon the medical officers, but the patients themselves are in many instances such as ought not to be encouraged to resort to a charitable institution. We do not speak now of those cases in which gentlemen and ladies betake themselves to hospitals. We do not speak now of the gentlemen who leave their broughams at the corner of the street, or of the ladies who come habited in silk dresses and seal-skin cloaks. Such cases do, no doubt, occur. Most of us have occasionally come across something of the kind. But these are quite exceptional, and it would certainly not be worth while to propose any great change in the arrangement of our out-patient departments in order to get rid of such gross cases of abuse. These are properly cases of *abuse*, and of an abuse so flagrant that it can hardly become very widespread. What we allude to is the habitual *misuse* of the

hospitals by a large number of the lower middle class, who certainly do not belong to that section of the community for whose benefit the hospitals were originally founded, or are now carried on. This evil has, no doubt, grown up gradually, chiefly in consequence of the very faulty medical arrangements of the old poor law, and partly also in consequence of the pernicious habit — one that even the first-rate hospitals and dispensaries have adopted — of advertising the number of their applicants as a means of exciting the sympathies of the public. But, however it may have arisen, the fact is indisputable that the hospitals are now used to a large extent by those for whom they were never intended. In other words, they are greatly misused.

These, then, are some of the chief grounds why we say that great changes are needed in the mode of administering out-patient relief. The relief is inefficient, partly because the medical men are overwhelmed by numbers, and partly because the amount of unpaid labor is excessive; and this inordinate amount of unpaid work tends to cheapen the whole of our professional services, and to lower both our scale of remuneration and our social position.

The remedy which we would propose for this unsatisfactory state of things is a large extension of the provident system of medical relief. This system, as our readers are aware, has been in operation for nearly half a century; but during the last few years public attention has been specially called to it, and it has undergone a great development. This is the best proof we could offer to the soundness of the principle. It has stood the test of time, and increased consideration of the subject has only brought it the more into favor.

We need scarcely explain to our readers how provident dispensaries or provident sick societies are carried on. They are now so numerous that most medical men have had their attention called to them. Suffice it to say, that each member

makes a small but continuous payment from week to week, or from month to month, and that this entitles him to medical attendance and medicine when he is ill. The payment is usually about a penny or a penny halfpenny a week for each adult, and a halfpenny a week for each child ; but it is seldom that more than four children in a family are charged for. These payments are so small that they are obviously within the reach of the great mass of the working-classes, and where they can be induced to join in sufficient numbers the dispensaries are reasonably remunerative to the medical men who are connected with them.

Thus, at Northampton there were, in 1873, 12,820 members, and £1,619 were divided among the three medical officers.

At Altrincham there were 2,920 members, and £533 were divided among four medical officers.

At Camberwell (London) there were 5,606 members, and £555 were divided among six medical officers.

At Haverstock Hill (London) there were 2,326 members, and £320 were divided among three medical officers.

At Leamington there were 3,436 enrolled members, and £336 were divided among the three medical officers.

In the Laborers' Self-aiding Medical Club, which comprises the parishes of the Grantham Union, there were 4,577 enrolled members, and £689 were divided among nine medical officers.

At the Royal Albert Hospital, Devonport, an experiment is being tried which is well worthy of attention, and which may exercise a most important influence upon the hospital system of the country at large. There the out-patient department is itself on the provident footing, and the way in which it is spoken of in the last report is very encouraging : "The progress of the Provident Dispensary has been rapid, almost beyond expectation. In the first complete year of its working, ending on the 30th September, 1869, the receipts

from all sources were in round numbers £351; they are now increased to £538. The committee are more than ever confirmed in their view of the advantages arising from the institution; there can be no doubt whatever that its principal merit is to establish and increase habits of providence and forethought among the working-classes, but great relief is also afforded to the suffering poor. Several cases have been admitted as in-patients of the hospital on the recommendation of the junior surgeons, — not as a matter of charity, but as a part of the relief purchased by their original subscriptions. In this way the members have the benefit of the superior appliances of the hospital, and the latter is a gainer as a medical school by being supplied with a succession of important and selected cases."

In all these provident institutions there is a charitable element. Donations in one form or another are given by the richer neighbors. But in time we may hope that they will become altogether self-supporting. It only needs that such institutions should be naturalized among our working-people, so that they may enroll themselves in greater numbers, and then the provident sick societies would be able to stand firmly upon their own feet.

Any institution of this kind in which the interests of the medical man can be reasonably guaranteed, in which he has a fair voice in the management, and in which he receives an adequate remuneration, seems to us to offer great advantages as a means of carrying on practice among the humbler classes of society. For example, the payments are all made in advance. There are no bad debts. And the payments are made, not to the doctor directly, but to the secretary. The medical man has no small bills to send out and to collect. Again, the patients — at least, such of them as are well enough — are seen at the institution, and there also all the medicine is dispensed. These are no small advantages, as any one who is conversant with the harassing details of

general practice among the lower middle class will readily allow.

To sum up. We ought upon every ground — in justice to ourselves, in justice to our patients, in justice to the community at large — we ought to insist upon strict limits being placed to the unpaid service which we are required to perform. We ought to insist upon the hospitals and dispensaries making some inquiry as to the social position and circumstances of those who apply for out-patient relief. We ought to insist upon it that all those who can, without hardship, pay three halfpence a week should be referred to provident sick societies, and that those who can afford to pay the charges of a general practitioner should be directed to apply to one. This ought to be our programme, and there can be no doubt that if we were united in making these demands they would speedily be acceded to. By these means the total of out-patients would be reduced to a more manageable number, while a large proportion of those who were drafted off would be enrolled in a self-aiding system, which would pay adequate salaries to its medical officers. Nor let it be thought that these changes would impair the efficiency of the hospitals as places of medical education. Whether the proposals we have made were carried out by placing the out-patient department upon the provident footing, or by encouraging the establishment of provident sick societies in relation with the hospitals, by either plan the supply of acute cases for the wards would probably be more regular than it now is. This, as we have seen, has been proved by the experience of the Royal Albert Hospital at Devonport.

Now, we maintain that our public duty is to see that the lower middle class is not pauperized in the matter of medical advice, and to insist upon it that the hospitals and dispensaries shall put strict limits to the gratuitous relief that they offer to out-patients, so that they shall no longer impose an

unreasonable amount of unpaid labor upon their staff, or give the general practitioners of their neighborhood any just cause of complaint. And, further, we ought to see that the country is well supplied with provident sick societies, so that those upon whom the hospitals shut their doors may have no lack of opportunities for obtaining good medical attendance on terms which they can well afford out of their weekly wages. If these things were done, it would be much for the benefit of the nation, for it would tend in one important particular greatly to strengthen the moral fibre of the nine or ten millions who form the wage-earning class of this country, namely, by encouraging in them habits of self-reliance, forethought, and prudence. It would also tend to improve both the pecuniary remuneration and the social status of our profession, by transforming a great part of the work which is now done gratuitously into remunerative service. The work itself would be better done than at present, and when the pay of the profession was better, and was received in a more dignified manner, a higher class of men would be attracted towards it, scientific and professional education might be carried to a still higher point, and thus the changes we have advocated would be advantageous in all their bearings.

REPORT.

The Medical Committee of the Charity Organization Society was appointed by a Resolution of the Council, dated March 17, 1871, to deliberate and advise with reference to Medical Charities, and consisted at first of the following gentlemen, Dr. Hawksley, Dr. A. P. Stewart, Mr. Fairlie Clarke, Mr. J. B. Curgenven, and Mr. Alsager H. Hill.

Power was afterwards given to it to add to its numbers,

and the following four gentlemen have been added: Dr. Ford Anderson, Dr. Heywood Smith, Mr. W. Spencer Watson, and Sir Charles Trevelyan, K.C.B.

The committee has met fifteen times, and it has given particular attention to Medical Provident Institutions. In order to obtain the best information on this subject, it invited several gentlemen, who are connected with existing provident dispensaries, to meet it in conference; and the Rev. H. F. Mallett, Dr. Westmacott, Mr. E. P. Young, Mr. Walter Smith, Mr. F. H. Gervis, and Mr. Conquest have most kindly attended some of its sittings, and given it the benefit of their experience and advice. The committee has also received valuable suggestions from Dr. Rumsey (Cheltenham), Dr. Nankivell (Torquay), Dr. Ogle (Derby), Dr. Heslop (Birmingham), Dr. McVeagh (Coventry), Mr. Beck (Northampton), Mr. Jonathan Hutchinson, and the Rev. J. F. Kitto.

Before using any means to increase the number of provident institutions, the committee thought it best to go through the rules of the existing provident dispensaries, and to draw up a code of laws which they could put into the hands of those who were anxious to start such institutions, and which they could recommend as the best that can be devised by the united experience of the provident dispensaries which are already in operation. In this work they have received most valuable assistance from the gentlemen who have just been named, and to them they return their sincere thanks.

As the result of its labors the committee now lays before the Council the accompanying code of laws, with appendices.

The rules which the committee recommend have been framed so as to admit into the managing committee of the dispensaries a certain proportion of the benefited members, who should act as representatives of the whole body. In this way they would have an opportunity of expressing the

wishes of the members and making suggestions. This is a comparatively new feature in the government of provident dispensaries, but it has been already adopted at Hampstead, Wandsworth, and elsewhere, with considerable success. The committee hope that the time may come when provident dispensaries will be entirely self-supporting, and when the management may rest altogether with the members. But at present it does not seem right to take the control of them out of the hands of those who have set them on foot from motives of wise benevolence, and without whose aid they could not maintain themselves in a state of efficiency.

The Medical Committee trust that this code of laws will meet with the approbation of the Council, and that they will give it the weight of their sanction. The more the committee have considered the pauperizing influences of the existing medical charities, the more fully are they persuaded that the most hopeful remedy is a large extension of the provident principle.

By a reference to Low's Handbook it will be seen that the sixteen general hospitals of the metropolis are credited with a total of 541,775 out-patients during the year 1870, to say nothing of the attendances at special hospitals and dispensaries. Of this number there can be no doubt that many are well able to defray the charges of a local practitioner, while a still larger number are in a position to pay the 6s. or 8s. a year which is all that the provident dispensary demands. In return for this trifling outlay, the member is entitled to receive advice and medicine when he is ill; and he can obtain the same advantages for his wife and children upon still easier terms. Probably, of the hundreds of thousands who frequent the out-patient waiting-rooms of our hospitals, only a very small proportion are unable to pay anything for themselves, and it may be a question whether these ought not to be directed to the poor-law dispensaries. It is the out-patient departments of hospitals

that are most abused, and it is in these departments that your committee desire to see the indiscriminate relief at present given largely curtailed. They believe that this could be done without seriously affecting the supply of cases which are needful for clinical instruction at those hospitals which have medical schools attached to them, and without limiting the true province of Christian charity.

Under present circumstances, when there are in the metropolis about 105 free hospitals and dispensaries to which the artisan or laborer can turn at any moment, and which may almost be said to be bidding against one another for his patronage, it is obvious that the inducements to providence and self-reliance are entirely taken away.

This state of things your committee regard as a very great evil; and they believe that there is no one class of charities which is doing so much to pauperize the population, to undermine their independence and self-respect, and to discourage habits of providence, as the medical charities. The committee are well aware of the great benefit that these institutions, if properly used, are capable of conferring upon the humbler ranks of our population. These benefits it would be difficult to exaggerate; but the committee deplore the almost indiscriminate relief which is given, — an evil which is fostered by the present method of appealing for subscriptions by advertising the numbers who are admitted week by week, or year by year. It cannot be too strongly urged upon the attention of the public that the mere statement of the number of applicants to a hospital forms no proper index to the amount of good which it does; nay, rather, it may tell in the opposite direction, for the highest good is to discriminate the cases, to weed out those that are unsuitable, and to give relief only to that comparatively small number who are really fit applicants, and to whom the advice and medicine thus given will be an unmixed boon. It is the ability of its staff, the skill of its nursing, the excel-

lence of its general arrangements, and the wisdom of its benevolence, which ought to recommend a hospital to the support of the public, and not merely the numbers who have passed through its consulting rooms in a week or a year. The committee are of opinion that the applicants to any hospital might easily be discriminated by means of some such agency as that which your society has set on foot; and that hospitals would not act unwisely if they were to lay down some such rule as this, — that, with the exception of accidents and cases of emergency, all applicants should pass through the district office of your society. Your officers are acquiring an intimate knowledge of the poor of their districts, and a little practice would soon enable them to judge which were suitable cases for the hospital, which ought to be sent to the poor-law dispensary, which to the provident institution, and which were above the level of all these means of assistance. Your committee believe that this system, or some modification of it, is the only one which will serve to stay the abuses of out-patient hospital relief. They have heard with pleasure that in some districts isolated cases have been referred for investigation from large hospitals to your district committees; but until all applicants have, as a matter of course, to pass before an officer whose duty it is to investigate the cases, and who is specially qualified for this work, they believe it would be impossible to put a check upon the present evil.

If, however, this were done, they feel sure that it would not merely rid the hospitals of many abuses, but that it would enhance the value of all the charities in the neighborhood, by directing to each the particular grade of applicants which it is designed to assist.

But while the committee are anxious to exclude all unsuitable applicants from our hospitals, they are equally desirous of seeing provident institutions opened, where the industrious poor could get good advice and medicine on

terms proportioned to their wages. At present there are in the metropolis, as we have said, about 105 hospitals and dispensaries which are practically free; but there are only about 27 provident dispensaries. That is to say, there is one free hospital or dispensary for every 44,000 of the population, while there is only one provident dispensary for every 300,000; and yet the success which has attended these institutions in Derby, Coventry, Northampton, and elsewhere, shows that they can flourish when in the proportion of one to 40,000 inhabitants. In other words, the metropolis might well be expected to support more than seven times as many as it now has.

But, it may be replied, are there not many benefit clubs where the working-classes make a weekly payment, and which undertake to support them in time of sickness? True, there are many such benefit clubs, which give members a weekly subsidy during illness, but the medical arrangements of these clubs are of the most unsatisfactory kind. In the first place they admit only *men*. Very few indeed make any provision for attending the wives and children of members during sickness; and yet it is these who most frequently require medical treatment. Again, many artisans and laborers are altogether excluded from the benefit clubs because the trades at which they work are injurious to health or dangerous to life. Again, many clubs have no medical man attached to them, and send their members, as a matter of course, to the nearest hospital or dispensary, thus tending to pauperize a high class of work-people.

It is evident, therefore, that the benefit club serves most imperfectly to meet the wants of the industrious poor in time of sickness. But the provident dispensary seems exactly suited to their requirements. It offers good medical attendance and medicine at a price which even the day-laborer can afford to pay; it receives all comers, men, women, young persons, and children, who are not earning

more than a fixed sum per week ; and it rejects none because their manner of life is beset by more than ordinary risks ; while at the same time its moral effect is excellent, for it tends to encourage habits of forethought and self-reliance.

For these reasons the committee are anxious to see a large increase in the number of provident dispensaries, both in the metropolis and throughout the country ; and if these provident dispensaries could be connected together so that the artisan, the laborer, the domestic servant, and the factory girl might find an institution at hand, of which they would be considered members, wherever personal circumstances or the demand for labor might lead them, the committee believe it would be an incalculable boon to the working-classes. At present, under the club system, it frequently happens that a workman is unwilling to leave a particular district because he would thereby lose the benefits of his club ; or, if he does follow the demand for labor, and go to another part of the country, being far from the head-quarters of his club, he is tempted to apply to charitable institutions *in formâ pauperis*.

The success which has attended the provident dispensaries in the central parts of London has hitherto not been such as their friends could desire. But this is easily accounted for, if we remember two things : (1.) They have been placed in competition with an excessive number of free medical charities ; and (2.) Their honorary subscribers do not obtain the right of recommending patients, which, as governors of purely charitable institutions, they have been accustomed to exercise. Their money must be given simply for the support of the institution, and not to gain advantages for themselves. That provident dispensaries herein act upon a principle which is gaining ground is shown by the letter from the Secretary of St. George's Hospital, which has lately appeared in the "Times," in which he announces that the governors of that institution have given up their right of

recommending out-patients, because it was liable to so much abuse.

The committee believe that the Charity Organization Society affords an agency remarkably well fitted for thus extending the provident principle. One of the great hindrances which those who desire to reform our medical charities have to contend with is the difficulty of bringing about concerted action among the leading dispensaries and hospitals; but your society offers facilities for this purpose which have never before existed. The committee would therefore submit the following suggestions as to the line of action which the society might take:—

1. To draw attention to the abuses of the medical charities, and to indicate, as the appropriate remedy, a large development of the provident principle. Also, to advise the public to support the existing provident dispensaries in preference to those which stand on a purely eleemosynary footing.

2. Through its district committees to draw the attention of the managers of hospitals to the facilities which the Charity Organization Society offers for investigating doubtful cases; or even to suggest that all applicants for out-patient treatment (except accidents and cases of emergency) might easily be thus sifted, either by your district office or by an officer of the hospital specially appointed for the purpose.

3. The committee further suggest that, wherever it is possible, the local provident dispensaries should be affiliated to the hospital of the district, as has been done at Devonport, so that members might be entitled to the advantages of hospital treatment if it were deemed necessary. This plan of affiliation might also be extended to the poor-law dispensaries; and in this way the hospitals would be protected against their present abuses, while their impor-

tance as centres of medical education would be increased rather than diminished.

4. Through its district committees to induce the governors of existing free dispensaries to consider whether they might not with advantage convert their institutions into provident dispensaries, — a step which has already been taken at the Westbourne Dispensary, Cayswater, and at one or two others in the provinces. The existence of the free dispensaries has greatly retarded the development of the provident principle; and they seem to be less needed than ever, now that poor-law dispensaries are being opened in various parts of London.

5. In some districts where there is an urgent want of a provident dispensary, the local committee might, perhaps, take the initiative in the formation of such an institution.

6. As it is the opinion of the committee that these suggestions can only be carried out by combined action, they advise that a conference of the governors and medical officers of hospitals and dispensaries should be called by the council at as early a date as possible.

Your committee have not been unmindful of other evils connected with the administration of medical charity, but in this report they have thought it best to confine their remarks to one subject, viz. : the development of the provident principle; for this, they believe, is that which is most urgently needed, and that which is most likely to strike at the root of those abuses which have now become notorious, and which it is the object of your society to remove.

A conference was held on Tuesday, the 12th of December, 1871, in the House of the Society of Arts, under the presidency of Mr. W. H. Smith, M.P., to discuss the best methods of checking the abuses now incidental to out-patient hospital relief, with special reference to the expediency of extending the provident principle.

Mr. Fairlie Clarke, of Charing Cross Hospital, as Hon. Sec. of the Medical Committee of the Charity Organization Society, said: "In order to show those who have no personal acquaintance with the management of hospitals the magnitude of the evils of which we complain, let me lay before you a few statistics to indicate the number who use our out-patient hospital relief, and the proportion which they bear to the population. In compiling these statistics I have obtained my information either from the secretaries of the hospitals themselves, or from the returns given in the 'Medical Directory.' I have endeavored, as far as possible, to avoid sources of error, and I have tried to ascertain the number of individuals (not of attendances) treated at each hospital. I find that last year the out-patients treated at 15 general hospitals were 590,151; 34 general dispensaries, 305,491; 39 special hospitals and dispensaries, 261,374: total, 1,157,016. This is exclusive of 17 hospitals and dispensaries which make no return, and of course it is exclusive also of those who are assisted by the medical services of the poor law. I think, sir, that if this figure is anything like correct, it represents a percentage upon the population which is far larger than can be considered fit objects for gratuitous charitable relief. I said a moment ago that in preparing these statistics I had endeavored to avoid sources of error; but there are some sources of error which it is impossible to eliminate. Thus, some of the out-patients may have been entered two or three times in the same year for different illnesses; some may have been attending more than one hospital at the same time. To allow for these cases let us say that the number of out-patients is one million. But if any one thinks that the deduction of 150,000 is not sufficient, I am willing, for argument's sake, to make still further allowances, because, if we even state the figures as low as 820,000, it would still form a quarter of the three millions and a quarter at which the population of London is estimated,—

i.e., it would show that one person in four is receiving gratuitous medical treatment. Now, sir, I cannot think that our social state is so bad, that our national industry is at such a low point, that one-fourth of our population would be correctly described as the 'really indigent,' the 'necessitous poor,' for whom these institutions are intended. (Hear! hear!) But this is not all. Not only have the numbers attending the out-patient department reached this enormous figure, but the rate at which the increase has proceeded is very serious. In order to ascertain what has been the increase in a generation, I have made inquiries at most of the hospitals which were in operation before 1830, and I have obtained the following striking statistics. The hospitals I applied to were St. Bartholomew's, St. Thomas's, Guy's, the London, Middlesex, St. George's Westminster, Charing Cross, Moorfields Ophthalmic, and the Royal Hospital for Diseases of the Chest. Of these Guy's and Middlesex could give no reliable information. At the eight other hospitals the total number of out-patients in 1830 was 46,435. In 1869 it had risen to 277,891. During that period of 39 years the population of the metropolis had a little more than doubled, while the attendance at these eight hospitals had increased more than five-fold. But it will make the rate of increase still more apparent if I mention that at the same eight hospitals there were, in 1870, 43,368 more out-patients than in 1869. These eight hospitals were chosen simply because they were in operation in 1830. If I had been minded to select examples in which the increase from 1869 to 1870 had been the greatest, I might have made my figures still more telling. As six of these hospitals are general and two special, I think they might be taken as a fair specimen of the whole. Now, of this enormous number there can be no doubt that many are able to pay the charges of a local practitioner, while a still larger proportion are in a position to pay the 8s. or 10s. a year which is all that the provident

dispensary demands. I suppose we shall all agree that the former class ought not to be admitted to the hospital at all. Here let me mention that the Charity Organization Society will gladly undertake to investigate all doubtful cases, as it has already agreed to do for St. George's Hospital. But how are the latter class to be dealt with? This, as it seems to me, is the very point of our conference. Is it desirable that they should be induced to flock year after year to our hospitals in ever-increasing numbers; or would it not be better to encourage them to enrol themselves in provident dispensaries, where they would obtain, by their own small but regular payments, the medical advice and attendance that they may require? The Charity Organization Society considers that there can be no doubt that it would be best to extend the provident system. I suppose that all who are present are familiar with the idea of a provident dispensary. It is an institution which receives all comers men, and women, and young persons alike, who secure for themselves by small but continuous payments medical attendance and medicine when they are ill. It is, in fact, a mutual assurance against sickness, conducted in part on a commercial footing, but at present needing to be supplemented by the charitable. Such institutions as these were originated about forty years ago, and they have been tried in various parts of the country as well as in the metropolis. In the manufacturing districts they have flourished the most. In London there are about a dozen; but here, at least in the central districts, they have been placed in such unfair competition with the free charities that it is not to be wondered at that they have not proved so successful. When there were free hospitals and dispensaries on every side eager to receive him, it was scarcely in human nature that the artisan should volunteer to pay for that which he could easily obtain for nothing. Yet, if we would not pauperize our working-classes by encouraging them to rely on others for medical

relief, some form of coöperation such as we have described must be adopted. The success of the movement in other places shows what might be looked for in London, if the provident principle had a fair chance."

Sir Charles Trevelyan said: "My claim to stand here is that I belong to a society which is endeavoring to grapple with London pauperism and to give it a Cornish throw. Having undertaken such an audacious task, it became our duty to investigate the conditions and causes of this awful problem, and we soon arrived at the conclusion that the existing system of gratuitous, indiscriminate medical relief was one of the most powerful of those causes. Other modes of relief only affect the poor, but this includes every class of society except the highest, and educates them to habits of dependence, while those who are already pauperized are precipitated by it to a lower depth. It is a mistake to suppose that the class of *malades imaginaires* is only to be found among the rich. For one fine lady who pays her two or three guineas a week for the luxury of frequent conferences with her physician, hundreds of poor women are tempted by our medical charities to live upon drugs, tonics, and cordials, to the neglect of the real sources of health, — regular employment, good food, cleanliness, and roomy, well-ventilated dwellings. Clergymen and district visitors, in their visits to the poor, constantly see rows of phials, obtained some from one and some from another hospital or dispensary, which are appealed to as evidence of a low state of health. 'My doctor,' they say, 'bids me do this or that.' Thus the abuse of medical relief works in with the abuse of other kinds of relief. But this whole system is breaking down by its own weight. With two or three exceptions, the hospitals are all out at elbows. They are spending more than they get, and are constantly making lamentable appeals to be rescued from bankruptcy. How can it be otherwise? The burden to be borne is nothing

short of the medical treatment of the entire community, with the exception of a narrow upper margin. The great bulk of the community who lie between those who pay the ordinary fees and those who can pay nothing at all, including the entire working-class, are not only exempted from contribution, but matters are so arranged that they would find it difficult to contribute even if they wished to do so. However practicable it may have been in former times, such a medical system is totally unsuited to the present vast population of London. Another evil arising from it is, that the medical profession is to a great extent unpaid. Gratuitous service is proverbially bad service; and it has always appeared to me highly honorable to our medical profession, and through it to the nation itself, that, although in large part very insufficiently paid, they have performed their part in so conscientious and zealous a manner."

Dr. Meadows seconded the resolution. He said that "the more he had studied the system of out-door hospital relief the more convinced he was of the great and glaring abuses existing in it. (Hear! hear!) Now, the proposed reform would affect the poor, the public, and the medical profession. In regard to the first, it was unquestionably the fact that the poor were now being gradually ousted out of the consulting-room by well-to-do persons; and he knew, as a fact, that persons in the possession of incomes of £1,000 a year came as out-patients to receive advice, and that the wives and daughters of men almost as wealthy actually borrowed their servants' clothes in order to apply as out-door patients. (Hear! hear!) That was an injustice upon the public, and not less so upon the medical profession, because, in fact, thousands and thousands of pounds were taken annually out of the pockets of practitioners, who were expected to give up hours every day in gratuitously advising persons who were perfectly well able to pay the usual fees. (Hear! hear!) The profession were perfectly convinced of the evils

of the present system, and it hoped that the public generally would take the question up with the earnestness that it deserved. (Hear! hear!)"

From Report of Royal Pimlico Dispensary.

Another year brings the Committee of the Royal Pimlico Dispensary again before the governors and friends of the institution, and they are happy to state that they have a good report to offer respecting the provident principle, as shown by the following statistics:—

In 1873 the payments made by provident members amounted to £203 5s. 11d., in 1874, to £241 8s. 2d., in 1875, to £312 5s. 4d., and in 1876, to £364 0s. 10d.

These results are much better than the committee could have hoped for at the commencement, and go far to prove that wherever the provident principle is introduced, the working-classes will take advantage of it.

The number of provident dispensaries is increasing all over the country, and the committee have been applied to for advice and guidance in the formation of several others. This they consider a proof of the success and good arrangements of their own institution.

From Report of Manchester and Salford Provident Dispensaries.

In the opinion of this meeting the progress already made, demonstrates the importance and usefulness of provident dispensaries, and fully justifies the council in the endeavor to provide them for every district in the boroughs of Manchester and Salford.

Those persons living outside Manchester and Salford, and those who while living in Manchester and Salford do not

reside in provident dispensary districts, have not been visited.

It will be seen that in 1,056 cases out of 6,861, erroneous or insufficient information has been given, as the persons could not be found at the addresses supplied. Out of the 5,805 persons who were seen, 2,417, or $41\frac{1}{2}$ per cent., were found to be quite able to become provident dispensary members, and were referred to those institutions. The proportion of these cases to the total number is now much smaller than when the investigations commenced. During the first ten weeks at the infirmary, it was 51 per cent. of the total number visited; during the second ten weeks it was 37 per cent.; and during the third ten weeks it was 31 per cent.

The same results are observed in connection with the Children's Hospital and the Clinical Hospital.

Notwithstanding that these investigations have been made only during the last half of the year, except at the Infirmary, where they began at the end of May, the decrease in the number of out and home patients at the free charities in the association is very considerable.

The council have every reason to be satisfied with the result of their efforts during the past year.

It was feared by many that a considerable time would elapse before the working-classes would connect themselves in large numbers with the new dispensaries. It is, therefore, a gratifying fact that notwithstanding the suspicion and indifference with which any unknown system is sure to be regarded, more than twenty thousand members have been enrolled in the few months the dispensaries have been established.

The system is gradually becoming known and appreciated, and there is good reason to hope that before the three years for which the guarantee fund was formed have expired, the seven dispensaries now in operation will have

become self-supporting. The council are so satisfied with the progress that has been made that arrangements are in process to establish three or four new branches in order that the system may be brought within reach of all the working-people of this city and the neighboring borough. In order to provide for the increased expenditure which this extension will involve, and to carry on the new branches until they reach the self-supporting stage, special donations, amounting to £1,050, have been given within the last few weeks, and a second guarantee fund for three years has been commenced.

In conclusion, the council express the belief that if their efforts result, within the next few years, in establishing upon a sound and permanent basis, this system of self-supporting provident dispensaries in Manchester and Salford, and in thereby placing medicine and skilled medical advice within reach of the poor, without causing any undue strain upon their resources, and in reducing to a *minimum* the amount of pauperizing charitable relief bestowed by the free hospitals and dispensaries, the labor and money which may be spent in the process will not be wasted.

From an article in the "Quarterly Review," entitled "London Alms and London Pauperism":—

London may be safely declared to be the most extraordinary capital in the world, equally as to size and contents. It is the great heart not only of the British empire, but also of the known globe.

It covers within its jurisdiction 576 square miles; its area embraces 78,000 acres. It contains 4,000,000 of inhabitants, increasing at the rate of 75,000 a year.

Above £2,000,000 have been expended annually on the poor in the shape of legal relief, not including paupers in

lunatic asylums and vagrants, and little less, if at all less, than £7,000,000 in the shape of private charity. It is reckoned that one-eighth of the metropolis is assisted by the other seven-eighths, the average received by each individual being 17*l.* a year, or by each family of five persons 85*l.* This population is largely intermingled with various nationalities. London contains more Jews than Palestine, more Irish than Dublin, more Scotch than Edinburgh, and more Roman Catholics than Rome. More largely still is it diversified in its moral strata.

Every degree in the scale is filled : from riches to destitution, from luxury to filth, from learning to ignorance, from refinement to savagery, from goodness of which the world is not worthy, to wickedness which is a disgrace to humanity. Where is there another city where a woman may so easily get rid of a burdensome child just old enough to steal and beg for himself? She has but to take him through a few miles of intricate streets, and disappear round a corner, and that child and his unnatural parent never meet again. On the other hand, so extensive, however unequally distributed are the charities, the best chance some London children can have in life is to be turned into the streets.

Of late the overworked staff of some of the London hospitals have seen the policy of availing themselves of the investigating machinery offered by the Charity Organization Society. These efforts have been chiefly directed at present to the class of out-patients. It would seem that this department has been an abuse which has gradually crept in and grown to its present dimensions.

In every way it works ill. Subscribers give their out-patient tickets, with the utmost carelessness, to parties they know nothing of, or for trivial complaints. These help to swell the mob of applicants afflicted alike with dirt, drink, and disease, — sometimes suffering from infectious com-

plaints, — to whom it is impossible for the medical officers to do individual justice. Many mistakes are therefore made, for unqualified lads have to prescribe, and many faint and deserving creatures wait for hours, and that in an atmosphere of impurity, which, generated at the very entry of the building, finds its way into the sick-wards, to the serious injury of the operation cases. The result of investigation at the London Hospital, Whitechapel Road, was that 49 per cent. of the out-patients were persons who had no right to apply for charity at all. Nor must it be forgotten that there is a limit to the liberality of the most liberal profession in the world. In some instances, in addition to their gratuitous services, the medical officers are known to relinquish even the fees due to them from their clinical students, in favor of chronically bankrupt institutions.

In Brighton, where the Charity Organization Society has spread, as it has largely throughout England, it has been ascertained that one-fourth of the population are in receipt of gratuitous medical relief! Thus, in the anxiety of the public to provide for the supposed sick poor, it virtually robs Peter of what is his due, in order to give to Paul what is not good for him. As now constituted, the hospital not only does the work which belongs to the parochial authorities, but usurps and intercepts much of that which rightly appertains to an expensively educated professional class. The ventilation given to these subjects in the columns of the "Reporter" has already led to changes. St. George's Hospital and, also, we believe, Westminster Hospital, have closed their out-door department. The Board of Jewish Guardians also, who, in many respects, set us an admirable example, equally in judgment and benevolence towards their poor, have closed all out-door relief at their dispensaries.

And this brings us to a more becoming use of the mechanic's earnings, and the best remedy for hospital abuse; namely, the support by the lower orders themselves of a

class of institutions now happily becoming more known, called "provident dispensaries." These mainly owe their suggestion and existence to the report of a medical committee appointed by the Charity Organization Society. The rules of management require that the members should be persons who, on the one hand, are not in receipt of poor-law relief; and whose means, on the other hand, are insufficient to pay for medical attendance at the usual rate of charges.

The subscription is on the principle of an insurance during health, for sickness; and is regulated on a scale varying from sixpence to a shilling per month.

For this the subscriber has his choice of the medical staff attached, either to prescribe for him at the dispensary, or to attend him at his own home, as the case may require; all medicines being supplied. About 15 per cent. of the receipts are set aside for expenses of management, drugs, etc.; the rest is divided among the medical staff.

These dispensaries are in course of being affiliated to the general hospitals, so that in cases requiring extra appliances or skill, it is optional with the doctor to draft patients into the hospital best adapted to them. There are, we believe, already upwards of 24 of these capital institutions in and around London, greatly in favor with the better-disposed of the London poor, who are thankful, for this small monthly sum, to be spared the labor and humiliation of hunting about for hospital tickets. The Royal Pimlico Free Dispensary, for instance, which had existed above 40 years, and which, with the active aid of the Duke of Westminster, was converted in 1873 into a provident dispensary, enrolled within the first six months 1,731 paying members. As to the remuneration of the medical men, the Haverstock Hill Dispensary divided among them, the first year, above £400; and the Camberwell Dispensary above £500. These institutions are superintended by managing committees, careful to prevent their abuses on the part of a higher class. Mean-

while there is no fear that the free hospitals should not be adequately filled, or that the benevolence of their supporters should be checked by the knowledge that it is more honestly applied.

As a means of education also in thrift and forethought, the value of these provident dispensaries is incalculable.

From the "Boston Medical and Surgical Journal."

How to prevent charitable institutions from being imposed upon has always been a hard question to solve in cities of any size, and it is not a matter of surprise that New York forms no exception to the rule.

As long as men have to struggle for subsistence there will always be a class, and that not a small one, who seem to make it their business in life to live as much as possible on others.

The larger the population of any city, the more voluntary pauperism there will be, and this class is constantly being increased by ill-advised assistance. We no sooner start a new charity than we ask to be protected against this much-encouraged class, the willing pauper. I may shock some of your readers when I express the opinion that we in New York begin to educate the children of the poor for a life of dependence as soon as they are able to go about. As soon as a child is old enough, some kind-hearted but short-sighted lady makes it an "object" for the parents to send the little one to a Sunday school in the morning; another kind-hearted lady makes it an "object" for the parents to send the same child to another school in the afternoon; so that between the two schools the children of that family get clothed, and perhaps fed; and can you wonder that in time some of these come to consider that they are to be looked after and cared for in this way all their lives?

If we turn to those institutions with which the medical profession is more intimately connected, we meet with abuses which certainly require correction.

There are eleven general dispensaries incorporated in the city, besides four eye and ear infirmaries.

At the former there were treated last year 194,000 indoor patients, and 9,900 were visited at their homes, at an expense of \$200,000. At the four eye and ear infirmaries there were treated over 21,000 patients, at an expense of over \$73,000; making a total of 225,000 free patients treated, for whom \$221,000 were spent. Those who are best informed in regard to the class of patients going to dispensaries state that at least sixty per cent. are well able to pay something for medical treatment.

In looking over the receipts and expenditures of the different dispensaries for the past year, I find that only three were able to pay expenses; that one ran behind \$5,500, while another had a deficit of \$1,300. All the dispensaries taken together exceeded their receipts by over \$10,000. Every patient treated who is able to pay a fee is imposing on the dispensary, and it is just this class that keeps the dispensary in debt. I was recently told that a man, the owner of four tenement houses, was an attendant upon a dispensary, receiving medicine and advice gratis, and it is no unusual thing that those who come to these places have money laid up in the savings-bank or are keepers of small stores; they are certainly not entitled to gratuitous treatment.

There is a large class between those who are able to pay a full fee to a physician and those who are absolutely destitute, of every grade of comparative comfort or poverty, comprising mechanics, laborers, etc., some of whom get more than enough to support their families, and who are abundantly able to lay by weekly or monthly a sum of money towards a fund that may be used to provide

remuneration to the physician who may take care of them when sick. For this class the subject of starting medical provident associations is being discussed.

From 15th Annual Report of North-eastern Dispensary, New York.

Recently, however, a plan has been adopted by which every patient applying for treatment, if able to do so, is required to contribute the sum of ten cents towards the support of the institution, on receipt of which a ticket is given entitling the holder to treatment for one month.

From 87th Annual Report of N. Y. Dispensary.

An important question has been raised in this as well as other benevolent institutions of the same character, whether the charge of a small sum to such patients as seem to be able to pay for attendance and prescriptions, would not serve to increase the self-respect among the applicants, and to diminish the number of unquestioned cases of fraudulent application by those who are fairly able to pay for medical assistance. This question has been fully considered in similar institutions in England and in this country, and although the trustees are not at present fully prepared to recommend so important a change in the system under which they have for so long a period acted, it must be confessed that there are many good and cogent reasons for making a change of this kind, now applicable to the great population of a metropolis like New York, which did not exist when the city was comparatively much smaller, and when the means of learning the real necessities of the poor were more easy and accessible.





